The ORARC Quality Improvement Program (QIP) Can Help!

- **QIP Services**
  - QIP Consultation
  - IRB/ESTR Submission Assistance
  - Study Management Tools (e.g., logs and Regulatory Binder)
  - Investigator/Study Staff Training

- **QIP Service Request Form**

- **QIP Education Sessions**
  - Registration for all sessions now available via the Harvard Training Portal.

- **Contact QIP with any little (or big) question at all!**
Congratulations, you have IRB approval! Now what?...

AMY HARCHERLOAD, QA/QI SPECIALIST
LISA GABEL, SR. QA/QI SPECIALIST
- I’m IRB approved. What happens now?
- What is in an approval letter?
- What to do before starting the study
- Regulatory documentation templates and guides
- Staying connected with the IRB
- Modifying the study
- Protocol deviations, adverse events, etc.
- Study check ins and continuing review
- Study closure
- Record retention
- Take aways
- Questions, contact information and references
I’m IRB approved. What happens now?

- Read approval letter
  - Additional actions may be detailed in the letter
- Become familiar with study management and monitoring tools
  - Regulatory Binder
    - Note to File
  - Logs
  - Checklists/Self-Assessments
What is in an approval letter?

- Approval date(s)
- IRB determinations
  - Approval to use special populations, risk determination, data security level, etc.
- Instructions for future submissions
  - Requirement for review of future activities/documents prior to use
  - Notification if/when a continuing review is needed
- How to communicate with your IRB Review Specialist

*Note: An approval letter is provided for each action approved in ESTR (initial approval, approval of modifications, study closure, etc.).
Is there anything else to do before recruitment and/or data collection?

- Putting into place appropriate study management and monitoring tools prior to recruitment and/or data collection will help lead to a well-organized study
- QIP offers templates to help you succeed
  - Regulatory Binder
    - Note to File
  - Logs
  - Checklists
The Regulatory Binder

• Think of it as a road map to the study, containing information on:
  • Who is responsible for the study and the qualifications of the entire study staff
  • What the study is and how it's being conducted
  • What documents are being used to run and monitor the study
  • The approval process and data protection plan
  • Additional study dependent documents and requirements (detailed on next slide)

• A Regulatory Binder helps study sites achieve and maintain regulatory compliance and adhere to high standards of practice
Regulatory Binder Content

All Studies (files 1-8):
- Protocol
- Staff CVs
- Training
- IRB Documents
- Logs
- Consent Forms
- Data Collection
- Data Protection

Study-Specific (files 9-17):
- Lab Documents
- FDA
- Investigational Brochure
- Drug/Device
- NIH
- Sponsor
- DSMB
- External and Local Ethical Review
- Staff Licensures

*Note: The regulatory binder can be kept electronically or as a physical binder. We have templates on our website for whichever fits the study best.
**Note to File**

- A note to file limits the need to keep documents in more than one place by providing instructions on where required regulatory documents are stored.
- Keeping documents in only one place helps ensure that all documents are up to date and old documents are not mistakenly used.

**Example of template notes to file:**

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Investigator:</td>
</tr>
<tr>
<td>Study Title / Number:</td>
</tr>
<tr>
<td>Bsc</td>
</tr>
<tr>
<td>Ethical/Dose:</td>
</tr>
</tbody>
</table>

**Note to File**

- **Documented:** Complete highlighted areas. (Note: include all completed areas)

**Example:**

- **Documented:** Complete highlighted areas. (Note: include all completed areas)

**Ethical/Dose:**

- **Documented:** Complete highlighted areas. (Note: include all completed areas)

**Notes to File**

- **Documented:** Complete highlighted areas. (Note: include all completed areas)

**Ethical/Dose:**

- **Documented:** Complete highlighted areas. (Note: include all completed areas)
Logs

<table>
<thead>
<tr>
<th>Tools</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Device Accountability Log</td>
<td>Use this log to ensure adequate record of shipment, receipt, use, and disposition of investigational study devices. Completion of this log demonstrates compliance with FDA regulations, sections 812.16(c)(2).</td>
</tr>
<tr>
<td>Drug Accountability Log</td>
<td>Use this log to ensure adequate record of shipment, receipt, use, and disposition of investigational study drugs. Completion of this log demonstrates compliance with FDA Regulations, sections 312.57.</td>
</tr>
<tr>
<td>Enrollment &amp; Screening Log</td>
<td>Use this log to document participant screening and enrollment, informed consent process, basic demographics, and early terminations/withdrawals. Completion of this log demonstrates compliance with Good Clinical Practice (GCP) Guidelines, sections 8.3.22.</td>
</tr>
<tr>
<td>Human Research Training Log</td>
<td>Use this log to keep track of the training status for each member of the study staff. For more information on Harvard Longwood Medical Area Human Research Training requirements please visit our Human Research training page.</td>
</tr>
<tr>
<td>IRB Submission Log</td>
<td>Use this log to document IRB submissions, notifications, required responses, and deadlines. Refer to our IRB Meetings/Deadlines page to determine IRB submission deadlines.</td>
</tr>
<tr>
<td>Participant ID Log</td>
<td>Use this log to track participant identification numbers and contact information.</td>
</tr>
<tr>
<td>Reportable New Information Log</td>
<td>Use this log to track and facilitate timely reporting of risks or harms to research participants and/or other reportable events to the IRB.</td>
</tr>
<tr>
<td>Staff Signature and Delegation of Responsibility Log</td>
<td>Use this log to document study staff signature/initials and their research-related responsibilities delegated by the PI. Update this log whenever study staff and/or delegated responsibilities change. Completion of this log demonstrates compliance with Good Clinical Practice (GCP) Guidelines, sections 4.1.5 and 8.3.24.</td>
</tr>
<tr>
<td>Study Monitoring- Site Visit Log</td>
<td>Use this log to document any reviews of the study conducted by outside monitors, e.g. sponsor monitors, FDA, OHRP, and/or other site visits. Completion of this log demonstrates compliance with Good Clinical Practice (GCP) Guidelines, sections 5.18, 8.2.20, and 8.3.11.</td>
</tr>
</tbody>
</table>

*Note: Log templates are available in the regulatory binder and the [QIP website](#).*

- Logs are to help the study stay organized and do not need to be submitted to the IRB.

- Templates are suggestions and can be modified to fit the needs of the study.

- The regulatory binder should include **templates** of the logs that are used in the study.
  - Participant data should not be stored in the regulatory binder.
Checklists and Self-Assessments

**Checklists**

<table>
<thead>
<tr>
<th>Tools</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data and Safety Monitoring checklist</td>
<td>Use this checklist to develop a comprehensive Data and Safety Monitoring plan.</td>
</tr>
<tr>
<td>External Inspection Prep checklist</td>
<td>Use this checklist to prepare for an external audit/inspection to be conducted at a study site (e.g., for-cause or not for-cause audit by QIP, the sponsor, or any federal agency). Completion of this log demonstrates compliance with Good Clinical Practice (GCP) Guidelines, sections 4.1.1.</td>
</tr>
<tr>
<td>International Research Study Start-up checklist</td>
<td>Use this checklist when developing recruitment strategies and implementing study start-up procedures for engaging research participants in an international setting.</td>
</tr>
<tr>
<td>Reliance Agreement checklist</td>
<td>Use this checklist for multisite research to determine whether or not a reliance/cede review (where by one institution relies on another for IRB review and oversight) agreement is appropriate.</td>
</tr>
<tr>
<td>Specimen and Data Sharing Checklist</td>
<td>Use this checklist when establishing a new research repository.</td>
</tr>
</tbody>
</table>

**Self-Assessments**

- Checklists and self-assessments can be used by the study team and do not need to be submitted to the IRB
- Self-assessments are a great way to self-monitor a study and are similar to what an auditor would look for at a site visit

*Note: Checklists and self-assessment templates are available on the QIP website.*
Checking in...
Let’s stay connected

• Most studies require touch points with the IRB throughout the lifespan of the study. These can include submitting modifications, reportable new information (RNI) and/or continuing reviews
  • All communication is completed via the Electronic Submission Tracking and Reporting (ESTR) system
• It is common to update protocols once the research has started
• Updating the protocol requires a modification to be submitted and approved prior to implementing the change
  • Common modifications are to update study staff, increase recruitment numbers, extend study time frames and change recruitment strategies
I thought I planned for everything...

- Unplanned events happen (e.g. protocol deviations, adverse events, etc.). Report (via an RNI in ESTR) the information items that fall into one or more of the following categories:
  - New or Increased Risk
  - Adverse Events
  - Findings/Allegations of Regulatory Non-Compliance
  - Audits/Inspections by Federal Agency
  - Protocol Deviations/Violations
  - Breach of Confidentiality
  - Participant Complaints
  - Protocol Suspension/Termination
- Notify the IRB within 5 business days of discovery

*Note: More information about prompt reporting requirements can be found in the Investigator Manual*
Study continuation and when to check in

No greater than minimal risk studies can continue without submitting an annual continuing review.

Reminder: Any changes to the study need to be submitted via a modification before implementing the change.

Studies that are determined to be greater than minimal risk require an update be provided to the IRB via a continuing review.

The approval letter and ESTR record state when this is needed (typically annually), and reminder emails will be sent to the study team.
When can I close my study?

- Study closure is appropriate when the following four research milestones have been met:
  - The research is permanently closed to enrollment;
  - All participants have completed all research-related interventions/interactions;
  - Collection of private identifiable information is completed, and
  - Analyses of private identifiable information is completed.
- Under close-out status, de-identified data analysis and manuscript preparation can occur indefinitely
- ESTR Study Closure Instructions: [https://estrsupport.fss.harvard.edu/study-closure](https://estrsupport.fss.harvard.edu/study-closure)
Record Retention

• Investigators must maintain human research records and study documents, including signed and dated consent documents, according to ORARC policy for at least **seven years after closing** the Human Subject’s Research.

• Investigators must also retain research records according to their specific funder, sponsor, and/or other overseeing regulatory body policies (e.g. FDA, DoD, NIH).

• Investigators should retain research records according to the [Harvard General Records Schedule](#) (i.e. Human Subjects Protection Records (3550)) (HarvardKey log in required)

*Note: The HLC Record Retention policy can be found in the [Investigator Manual](#).*
Take Aways

- IRB oversight does not end upon receiving approval
- Approval letters contain valuable information and instructions on how to proceed
- QIP provides templates to help organize regulatory documentation and self-monitor study activates
- Studies can be modified throughout their life span. However, modifications need IRB approval before making changes.
- The IRB understands that not everything goes according to plan. The IRB and QIP are ready to help the study team get the study back into compliance.
- Once complete, studies should be closed, and records retained accordingly.
You get the feeling we're being watched?

Research study
IRB Monitor
IRB

The Family of Oversight

AAHRPP
OHRP

Mayne
Questions?

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- Alyssa Speier, aspeier@hsph.harvard.edu

Department Assigned Review Specialist:

- [https://www.hsph.harvard.edu/regulatory-affairs-and-research-compliance/department-assignments/](https://www.hsph.harvard.edu/regulatory-affairs-and-research-compliance/department-assignments/)

ORARC Resources

- QIP Study Management Tools: [https://www.hsph.harvard.edu/regulatory-affairs-and-research-compliance/study-management-tools/](https://www.hsph.harvard.edu/regulatory-affairs-and-research-compliance/study-management-tools/)
- ORARC Website: [https://www.hsph.harvard.edu/regulatory-affairs-and-research-compliance/](https://www.hsph.harvard.edu/regulatory-affairs-and-research-compliance/)
- IRB Getting Started: [https://www.hsph.harvard.edu/regulatory-affairs-and-research-compliance/getting-started-2/](https://www.hsph.harvard.edu/regulatory-affairs-and-research-compliance/getting-started-2/)
- ESTR Support and Training: [https://estrsupport.fss.harvard.edu/study-submission-guide](https://estrsupport.fss.harvard.edu/study-submission-guide)
- ESTR Study Closure Instructions: [https://estrsupport.fss.harvard.edu/study-closure](https://estrsupport.fss.harvard.edu/study-closure)